FOR STATE HEALTH DEPT

TO DEPUT. IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 7/59

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased live | d, If institution: Residence before edmission |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|
| St. Mary's MaryLand | a. STATE Marvland b. C | St. Marv's |
| b. CM 82 Part 19 18 19 19 Emils, c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, | write RURAE and give nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) |
| 3. NAME OF First Middle DECEASED (Type or print) Howard W. And | OF C | Day Year 13. 19 60 |
| | DATE OF BIRTH 9. AGE (In) | ears IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | March 28,1916 Last birtho | months 2073 Hours min. |
| done during most of working life, even if retired) Sales man | Magnolia, Delawa | re U.S.A. |
| I3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| | Lula R. Catlin | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN Yes, no, or unknown) (Ifyesgivewarordatesofservice) | | dress |
| yes WWLL 221-09-9014 1 | Martha B. Anderson 1 | Mechanicsville, Md |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: | Fanhamal Vennis | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) DIEGUING | Esophageal Varrix | |
| Conditions, if any, which gove rise to immediate cause (b) Portal C | errhosis | 5 yrs. |
| (e), stelling the <u>underlying</u> DUE TO cause last. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | | GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| Careinoma of Kana | g Tongue | YES NO A |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CARCINOMA OF THE PROPERTY OF CONTRIBUTING 20b. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. | nter nature of Injury In Pert I or Pert If of item 18.) | |
| | CE OF INJURY (Home, farm, 20f. (Cily or town) ry, street, office bldg., etc.) | (County) (State) |
| 21. I certify that I took charge of the remains described above, held | d an Autopsy, Inspection Ir | quiry and in my opinion |
| death resulted from: Natural causes 📝 Accident 🔲, Suicid | de, Homicide, Undetermine | ed manner |
| 11 50 0 | CHIEF MEDICAL EXAMINER | |
| SIGNATURE / / / SIGNATURE | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| EXAMINER'S William D. Boyd. M. D. | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) | 9/13/60 |
| 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR | | town, or country) (Stele) |
| Burial 9/15/60 Odd Fellows | Camden. | Delaware |
| 23. FUNERAL DIRECTOR ADDRESS | 24e. REC'D BY REGISTRAR 24b. | |
| | | Cathar S. Haus |

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W. Anderson Sept. 13. 80

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Portel Cermosia 5 VIII.

Carcinoma of Money Tonnes

.d. 1. Boyd, 1. D.

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FOR STATE HEALTH DEP TO DEPUT. IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any one is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund and infector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, Eige pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 1007

| PLACE OF DEATH COUNTY St. I CITY OR TOWN (if outsided write RURAL and give in the country of | | | II a Travers bearen | NCE (Where decessed lived, If | Charles Davidson before a desirate |
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| b. CITY OR TOWN (if outsid | | | | | |
| b. CITY OR TOWN (if outside write RURAL and give n | Mary's | MARYLAND | e. STATE Ma | aryland b. coo | NTY St. Mary's |
| Write KUKAL and give n | le corporete limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | I (If outside corporete limits, writ | te RURAL end give neerest town) |
| Lexington Pa | earest town) | | Rural I | Lexington Par | ck |
| d. NAME OF HOSPITAL OR | | spital, give street address) | d. STREET ADDRES | | e. IS RESIDENC |
| | | | 1 | | ON A FARM YES NO K |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE Mont | |
| (Type or print) | Peter | X. | Curtis | DEATH Septer | mber 11, 1960 |
| 5. SEX 6. CC | DLOR OR RACE 7. MARRIE | ED NEVER MARRIED | 8. DATE OF BIRTH | | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | olored widowi | | April 8. | 1912 48 yrs. | Months Deys Hours Min. |
| IOa. USUAL OCCUPATION (G | | CIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (Ste | | 12. CITIZEN OF WHAT COUNTRY |
| Gas Station | le, even if retired | | | Maryland | U.S.A. |
| 3. FATHER'S NAME | 210 OBM COLLO | | 14. MOTHER'S MAIDE | | 0.00 |
| | conna Consta | | | | |
| Joseph Clar | | | | ret Milburn | |
| 15. WAS DECEASED EVER IN U (Yes, no, or unknown) (Ifyesgiv | .S. ARMED FORCES? 16. | | INFORMANT | Addres | |
| Yes, no, or unkown) (Ifyesgiv | 2 | 12-26-8389 N | largaret Cu | urtis Lexingt | ton Park, Md. |
| 18. CAUSE OF DEATH | [Enter only one cause per | line for (e), (b), end (c).] | | | INTERVAL BETWEEN |
| PART I. DEATH WAS | CAUSED BY: ATE CAUSE (e) | | Broken l | Veck | Immed. |
| 1 8 1 7 mmed | | | | | |
| o rac X | DUE TO | | | | |
| Conditions, if eny, which | 1-1 | | | | |
| | Pa I | | | | |
| geve rise to immediate cou (e), steting the underlying | DITE TO | | | | |
| geve rise to immediate ceu | DITE TO | | | | |
| geve rise to immediate ceu (e), stating the underlyin | DUE TO | NTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERA | MINAL DISEASE CONDITION GI | VEN IN PART 1(e) 19. WAS AUTOPSY |
| geve rise to immediate cou (e), stating the underlying | FICANT CONDITIONS COL | NTRIBUTING TO DEATH BUT N | 0 11 6 | AINAL DISEASE CONDITION GI | VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \) |
| geve rise to immediate ceu (e), stating the underlyin | FIGURE 10 (c) FIGURE | 0 1 0 | of left fe | ner | PERFORMED? |
| peve rise to immediate ceu (e), stetting the underlying ceuse lest. PART II. OTHER SIGNII 20e. EXTERNAL CAUSE W PRIMARY [D] or CONTRIBUTION CAUSE OF DEATH. | FIGURE TO (c) FIGURE TO (d) FIGURE TO (e) FIGURE TO (f) FIGURE TO (f) | RIBE HOW INJURY OCCURED. | (Enter nature of injury in P | Perf I of Item 18.) | PERFORMED? YES NO |
| peve rise to immediate ceu (e), stetting the underlying ceuse lest. PART II. OTHER SIGNII 20e. EXTERNAL CAUSE W PRIMARY [D] or CONTRIBUTION CAUSE OF DEATH. | DUE TO (c) FICANT CONDITIONS COI FICANT CONDITIONS COI FICANT CONDITIONS COI FICANT CONDITIONS COI Month. Dev. Yeer 20d. | Loth leganise How INJURY OCCURED. Hit ly 2 INJURY OCCURED 200. PL | (Enter nature of injury in P | rent I or Pert II of item 18.) | PERFORMED? YES NO (State) |
| peve rise to immediate ceu (e), steting the underlying ceuse lest. PART II. OTHER SIGNII 20e. EXTERNAL CAUSE WE PRIMARY ID or CONTRIBUTION CAUSE OF DEATH. | DUE TO (c) FICANT CONDITIONS COI FICANT CONDITIONS COI FICANT CONDITIONS COI FICANT CONDITIONS COI Month. Dev. Yeer 20d. | Loth leganise How INJURY OCCURED. Hit ly 2 INJURY OCCURED 200. PL | (Enter nature of injury in P | rent I or Pert II of item 18.) | PERFORMED? YES NO (State) |
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| peve rise to immediate ceu (e), steting the underlying ceuse lest. PART II. OTHER SIGNII 20e. EXTERNAL CAUSE WE PRIMARY ID OF CONTRIBUTION CAUSE OF DEATH. 20c. TIME OF INJURY Hour e.m. 21. I certify that I to | DUE TO (c) FICANT CONDITIONS COI FICANT CONDITIONS COI FICANT CONDITIONS COI WAS AS AND Month, Dey, Yeer April 19 (C) et wo pook charge of the ren | Lotth lag the How INJURY OCCURED. How INJURY OCCURRED 200. PL INJURY OCCURRED 200. PL Re of Work Md nains described above, h | (Enter nature of injury In Pauton ACE OF INJURY (Home, factor, street, office bldg., ed) | rm, 20f. (City or town) 235 Lexington Inspection X. Inqui | PERFORMED? YES NO X (County) M.M. (Stete) NO X Park, Md. |
| peve rise to immediate ceu (e), steting the underlyin ceuse lest. PART II. OTHER SIGNII 20e. EXTERNAL CAUSE W PRIMARY ID OF CONTRIBU CAUSE OF DEATH. 20e. TIME OF INJURY Hour a.m. 21. I certify that I to | DUE TO (c) FICANT CONDITIONS COI FICANT CONDITIONS COI FICANT CONDITIONS COI WAS AS AND Month, Dey, Yeer April 19 (C) et wo pook charge of the ren | RIBE HOW INJURY OCCURED. HAT Ly 2 INJURY OCCURED 200. PL ON TO While A Md of work A Md | (Enter nature of injury in Parameter Actions, strong, office bldg., et al. and an Autopsy , cide , Homicide | rent I or Pert II of item 18.) Percons. Irm., 20f. (City or town) 235 Lexington Inspection X. Inqui | PERFORMED? YES NO X (County) M.M. (Stete) NO X Park, Md. |
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| geve rise to immediate ceu (e), stetting the underlying cause lest. PART II. OTHER SIGNIII 20e. EXTERNAL CAUSE WE PRIMARY (T) or CONTRIBUTION CONTRIBUTION CAUSE OF DEATH. 20c. TIME OF INJURY Hour a.m. 21. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2e. BURIAL, CREMATION, 22 REMOVAL (Specify) | DUE TO (c) FICANT CONDITIONS COI Month, Dey, Yeer 20d. Whill Whill Part of the ren Natural causes Cook charge of the ren Natural causes Coo | INJURY OCCURED 200. PL Thy While work of work | (Enter nature of injury In P (CHEF MEDICA M.D. ASSISTANT M DEPUTY MEDICA Address (Street OR CREMATORY | rent I or Pert II of item 18.) 20f. (City or town) 235 Lexington Inspection X. Inqui e, Undetermined r L EXAMINER EDICAL EXAMINER AL EXAMINER t, city, lown, or county) 22d. LOCATION (City, town | PERFORMED? YES NO X (County) Md. Park, Md. iry X, and in my opinion nanner DATE SIGNED 9/11/60 |
| geve rise to immediate ceu (e), stetting the underlying cause lest. PART II. OTHER SIGNIII 20e. EXTERNAL CAUSE WE PRIMARY (T) or CONTRIBUTION CONTRIBUTION CAUSE OF DEATH. 20c. TIME OF INJURY Hour a.m. 21. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2e. BURIAL, CREMATION, 22 REMOVAL (Specify) | DUE TO (c) FICANT CONDITIONS COL MANUAL COL MONTH, Dey, Yeer 20d. Whill Whill Proposed the ren Natural causes Column | INJURY OCCURED 200. PL Thy While work of work | (Enter nature of injury In Particle Corp. strangt, office bldge, black of the Market Chief McDica Chief McDica McDica Chief McDica McDi | rent I or Pert II of item 18.) 20f. (City or town) 235 Lexington Inspection X. Inqui e, Undetermined r L EXAMINER EDICAL EXAMINER AL EXAMINER t, city, lown, or county) 22d. LOCATION (City, town | PERFORMED? YES NO X (County) Md. (Stete) Md. Park, Md. DATE SIGNED 9/11/60 n, or country) Md. |

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William I. Royd M. D. F.

Berial 9/13/60 St. Francis Levier Compton,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS **BALTIMORE 1, MARY** 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) . COUNTY director. Page is necessary, files. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town for your O, Y PITAL OR INSTITUTION (if not in hospital, give street eddress) Board d. NAME OF HOSP . IS RESIDENCE ON A FARM? may be retained State YES NO end 3 to the fun death death. If eny NAME OF DAT DECEASED OF the (Type or print) DEATH 19 2 with 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED THEVER MARRIED last birthdey) Months Hours WIDOWED [DIVORCED EDICAL EXAMINER: This certificate should be executed within 24 hours after in pencil in Hem 18. Give Pages 1, 2, e Office along with form PM3. Page 5 with Litansit bermit. File pages 1 and 3. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages I an done during most of working life, even if retired) employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elbert Dawkins Florance Lyles WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgivewarordales ofservica) any 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN .5 ONSET AND DEATH DEATH WAS CAUSED BY ROWNING and IMMEDIATE CAUSE (e) MMED removal, DUE TO (b) "pending" gava risa to immediala causa ro Medical Examiner's DUE TO 98 (a), sleting the undarlying or cause lest. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be NO 4 200. EXTERNAL AUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY TO CONTRIBUTING T should be torwarded to the Page 3 sho OVER 130A SURE CAUSE OF DEATH. WEDICAL Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY 20f. (City or town) (County) (Stala) factory, street, office bldg., atc.) While Hour a.m. at work at work WICOMOCO RIV. MADDOX 4:00 21. I certify that I took charge of the remains described above, held an Autopsy Inspection U. Inquiry Suicide death resulted from: Natural causes Accident Homicide ! Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd M.D. DEPUT NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial OH Arlington National Arlington 23. FUNERAL DIRECTOR VS. A15ME Latney Funeral Home 1822 - 11 th.ST.N.W. DATE SEP 16 '60 Cotten S. Thousand 5M 7/59 Washington, D.C.

3 VEST 1 37 9 60 CB , C. C. ALCOMOTO ALCOM THE POYOR .U. Hoyo M.B. Durial 9/19/60 wington ations wington, LEThoy Funcral lone 1822 - 11 th. ST. N.V. - SEP A D H - SEE A. C. Town Chan

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, effect death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by The Funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

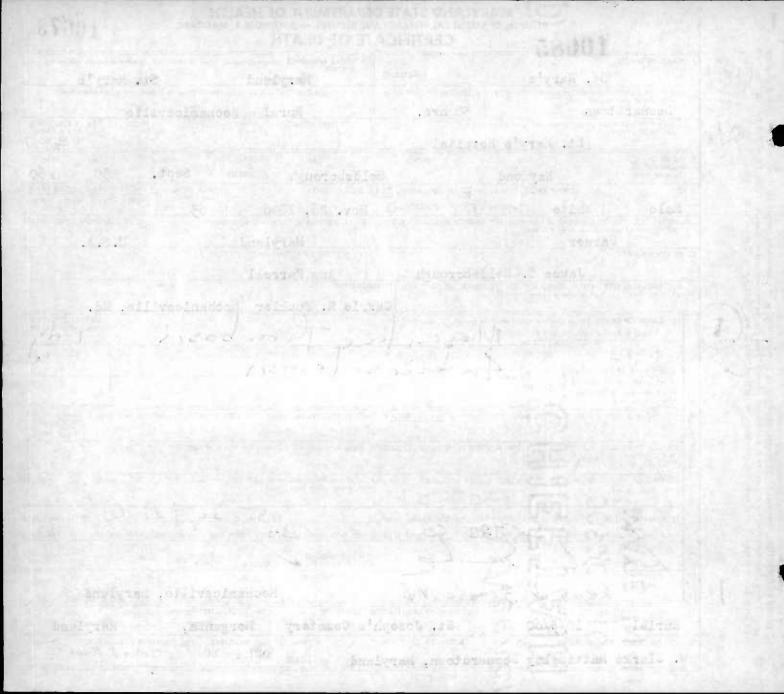
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10673

| | 10685 | | CERTII | FICATE | OF DEA | ATH | | | (R) | 1 | (, 0 | • • |
|-----------------------------------------------------------------|----------------------------------------------------------------------|------------------------------|-----------------------------------------|----------------------|----------------------------------------|--------------------------|---------------------|--------------------------------------|-------------|-------------|------------------------|-----------------|
| 1. PLACE OF DEATH a. COUNTY | St. Mary's | | MAR | YLAND 2. | usual resident a. STATE | NCE (Where | | b. COUNTY | n: Residenc | | | ian) |
| b. CITY OR TOWN RURAL and give Leonard | | ts, write | c. LENGTH OF STAY | YINIb | X _ | WN (If autsid | | te limits, write RI | | ive near | est tawn |) |
| d. NAME OF HOSP OR INSTITUTION | St. Mar | | - A - A - A - A - A - A - A - A - A - A | | d. STREET ADD | RESS | | | | e. | IS RESI ON A YES | FARM? |
| 3. NAME OF DECEASED (Type ar print) | Rayn | nond | Middle | Gol | Last dsboroug | | DATE OF DEATH | Sept | • | Day 30 | 1 | rear 19 60 |
| 5. SEX Male | White | WIDOW | | ED 🗆 N | ov. 26. | 1896 | | AGE (In years last birthday) 63 yrs. | Manths | Days | Haurs | R 24 HF Min. |
| during mast af wa | ION (Give kind af wark irking life, even if retired Farner | dane 10b. | KIND OF BUSINESS | 1 | N | Maryla | nd | ntry) | | S.A | | OUNTR |
| 13. FATHER'S NAME | | | dsborough | | | aiden nam Farrol | | | | | | |
| 1S. WAS DECEASED EV (Yes. no, or unknown) | /ER IN U. S. ARMED FOR (If yes, give wor or dates of s | | SOCIAL SECURITY NO | | ie M. Bu | uckler | Med | Addr | | Md. | | |
| | EATH [Enter anly and co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c | 11 | ne far (a), (b), and (c) | Jen. | 574 | - re | de | 03() | | INTER | VAL BE | TWEEN |
| Canditians, if gave rise ta cause (a), stating lying cause last | g the under- | A | nteri | دع | clev | 051 | 7 | | | | | - |
| | THER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DI | EATH BUT NO | T RELATED TO TH | HETERMINA | L DISEASE | CONDITION GIV | EN IN PART | | WAS A PERFO YES | RMED? |
| 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF | VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY | OCCURRED. (| Enter nature of in | njury in Part | l ar Part l | Il af item 18.) | | | 9 | |
| ZOc. TIME OF INJU Haur a.m p. m | . 10 | ar 20d. I While at war | NJURY OCCURRED Nat while at wark | 20e. PLACE factor | OF INJURY (Har y, street, affice bl | me, farm, ldg., etc.) | 20f. (City o | ar tawn) | (C | aunty) | | (Stat |
| . / | nat (1) (this haspita ased alive an | | ded the deceased | | th accurred o | 12 S | , fram t | he causes an | | tho date | | |
| 22a. SIGNATURE | mer | Se | - Le | M.C | | | TOR 🗆 | STAFF PHYS. | | | 221 | SIGNI |
| 22c. PHYSICIAN'S NAME (Type) | | Be | bue My | 0 | 22d. ADDRESS | | chani | csville, | Mary | land | | |
| 23a. 8URIAL, CREMAT BEMOVAL Specif | | OF | St. Jo | | REMATORY Cemete: | | | on (City, tawn, o | | Mary | (State | |
| 24. FUNERAL DIRECTO | r's signature Mattingkey | Leon | ADDRESS | le rul er | | 5a. REC'D B | | | Trak's SIC | | | |

VR A1S (4) 15M 9/59



TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10686 CERTIFICATE OF DEATH

10674

| 1. PLACE OF DEATH G. COUNTY | MARYLAND | a. STATE | CE (Where deceased li | ved. If institutio b. COUNTY | n: Residence befo | re admission) |
|--------------------------------------------------------------------------------------------------|---------------------------|----------------------------|--------------------------------|---------------------------------|-------------------|-------------------|
| b. CITY OR TOWN (If autside corporate limits, write | c. LENGTH OF STAY IN 16 | | A Da Ma N (If outside corporat | e limits, write RU | JRAL ond give ned | arest town) |
| RURAL and give nearest town) | 2 10 2000 | | Salem | | | |
| d. NAME OF HOSPITAL (If not in haspital, give street | 14 hrs. | d. STREET ADDR | | /1 | | e. IS RESIDENCE |
| OR INSTITUTION St. Mary's Ho | | | | 40X | -3 | ON A FARM? YES NO |
| 3. NAME OF First | Middle | Last | 4. DATE OF | Man | th Do | у Үеог |
| (Type or print) Edwin | Clarence | Gullatte | DEATH | Septemb | er 29. | 1860 |
| S. SEX 6. COLOR OR RACE 7. MARK | RIED NEVER MARRIED | 8. DATE OF BIRTH | 9. | AGE (In years last birthday) | 7 | Hours Min. |
| Male White WIDOW | ED N DIVORCED | Oct. 13. 1 | 885 | 74 yrs. | Months Doys | nours min. |
| 10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired) | KIND OF BUSINESS OR INDU | | | ntry) | 12. CITIZEN O | F WHAT COUNTRY? |
| Farmer | Farming | | A1 | labama | U.S. | A. |
| 13. FATHER'S NAME | - arming | 14. MOTHER'S MAI | IDEN NAME | | | |
| Edwin Gulle | tte | Eliza | beth Duni | 2 | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. I | NFORMANT | | Addr | ess | |
| (Yes, no. or unknown) (If yes, give war ar dates of service) | None Mr | s Charles | E.Cornthwa | ite 155 | Woodlaw | n Drive |
| 18. CAUSE OF DEATH [Enter only one cause per li | | P | | eek Man | | ERVAL TETWEEN |
| PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) | E. enelow | of Thron | u Casis | , | | 2 whs |
| HAZA IMMEDIATE CAUSE (6) | 02000 | | 100000 | | 4 | |
| | C. Vous | selero. | Lin CRA | didVan | culardia | |
| Conditions, if ony, which agove rise to immediate (b) | anterio | 2000 | pie (ali | 100 | 0 - 10 - 10 - 0 , | |
| cause (o), stating the under- | | | | | | |
| lying cause lost. (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE | TERMINAL DISEASE | CONDITION GIV | EN IN PART 1(a) | PERFORMED? |
| [3] | nuhor | es get | wer | | | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | ED. (Enternature of injure | ury in Port I or Port I | of item 18.) | | |
| Z 20c. TIME OF INJURY Manth, Day, Year 20d. I | | LACE OF INJURY (Home | | r town) | (Caunty) | (State) |
| Hour o.m. While p. m. 19 of wor | IAOI MIIIE | octory, street, office bld | g., etc.) | | | |
| 21. I certify that (I) (this hospital) attend | ted the deceased from | . 4/19 | 1960 to | 7/28 | 1960 1 | not (I) (we) lost |
| saw the deceased alive on Sufficient | 10/15/ | deoth occurred qu | 200 | a course an | | |
| 220. SIGNATURE | ond indi | deoin occurred q | D. WING HOLL II | ie couses un | d on the dole | 22b. DATE |
| 1/ Toy Luc | Muer | M.D. PHYS. | MED. | STAFF PHYS. | | SIGNED |
| 22c. PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | | 174 | | |
| J. Roy Cuyther | M.D. | | Mechanic | sville, | Marylan | d |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | | ON (City, tawn, o | | (State) |
| Burial 10/1/60 | Antioch | | Opelil | ca. | Alab | ama |
| 24. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 250 | REC'D BY REGISTRA | AR 25b. REGIS | STRAR'S SIGNATU | |
| Frederick's Funeral Home | Opelika. Alak | Dama DA | TENCT 3 '60 | and | Chur S. Krau | 4 |

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| | SI-Park Di | -51-9 | exile. | nederston ske |

VS A15 (4) 15M 10/57

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|----------|-------|------------|----|-------------------|----|
| | | | | | |

10694 CERTIFICATE OF DEATH

Reg. Dist. No.

10676

| o. COUNTY St. Marys MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of State Maryland b. COUNTY St. | Marvs |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) | |
| Tall Timbers Tall Timbers | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) | e. IS RESIDENCE |
| Rural | YES NO |
| 2 NAME OF | |
| 3. NAME OF DECEASED (Type or print) JOHN CLYDE JARBOE 4. DATE Month OF DEATH September | 25 19 60 |
| | ER 1 YEAR IF UNDER 24 HRS. |
| male white widowed a Divorced Nov. 2, 1877 82 yrs. | Doys Hours Min. |
| | CITIZEN OF WHAT COUNTRY |
| Farming Farm Maryland | USA. |
| 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME | OOR. |
| John Oscar Jarboe Katherine Cecil | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| no (If yes, give wor or dorse of service) J. Claude Jarboe -Leonardtown | n Md. |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| IMMEDIATE CAUSE (0) your aly or live ball and | 2 years |
| 7 5 0 DUE 10 | |
| Conditions, if any, which gove rise to immediate (b) | |
| couse (o), stoting the under- | |
| lying cause lost. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | ART 1(6) 19. WAS AUTOPSY PERFORMED? |
| 3 | YES NO |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) | (County) (Stote) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at w | |
| 21. I certify that I attended the deceased from June 1957, to Sept 25, 1960, that I | |
| | |
| alive an supply 24 , 160 , and that death occurred at P M, fram the causes and an | |
| ADDRESS (Street, city or town, state) | DATE SIGNED |
| ACTUAL SIGNATURE M.D. Great Mills, Md. | 9/26/60 |
| PHYSICIAN'S P.J. Bean, MD Great Mills, Md. | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) | (Stote) |
| Burial 9/28/60 Holy Face Cemetery Great Mills. | Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 240. REC'D BY REGISTRAR 246. REGISTRAR 5 | SIGNATURE |
| P.B. Robinson - Leonardtown, Md. DATE SEP 28'60 Culing | S. Kraus |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10677

| | 0695 ^{ME} | DICA | L EXAMINER | R'S | CERTIFICAT | re of | DEATH | Reg. | Dist. No | 1000 | 6 |
|------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------|---------------|-----------------|------------------------------|-------|
| 1. PLACE OF DEATH | t. Marys | | MARYLAN | | o. STATEDistr | | | | dence be | fore admission | 1 |
| and give nearest tow | t outside corporate limits, writens | RURAL | c. LENGTH OF STAY IN | 16 | c. CITY OR TOWN (IF | | | RURAL O | nd give n | earest lown) | 3 |
| | TAL OR INSTITUTION (| f not in hos | pitat, give street address) | | d. STREET ADDRESS 3404-13th | St. | N.W. | | 1 | e. IS RESIDE | RM? |
| 3. NAME OF DECEASED (Type or print) | Clarabel | 1 | Malish | | ohnson | 4. DATE OF DEATH | Septem | | Doy | Year 19 | 50 |
| 5. SEX female | 6. COLOR OR RACE | 1000000 | DIVORCED | _ | an.5,1915 | | 9. AGE (In years last birthday) 45 yrs. | Months | R 1YEAR Days | IF UNDER 24 Hours Min | |
| 10a. USUAL OCCUPATI during most of working Beat | ON (Give kind of work on his life, even if relired) btician | done 10b. K | air Dressi | ng | North | or foreign | country) Lina | 12. C | US | F WHAT COU f A | NTRY |
| 13. FATHER'S NAME R1 | udolph The | omas | | 1 | Nellie | | son | | | | |
| 15. WAS DECEASED EV Yes, no. or unknown) | /ER IN U. S. ARMED FO Jit yes, give war or dates of | | SOCIAL SECURITY NO. | | llie Thom | as- 3 | Address 3404-13t | | .N.W | . Wash | n.I |
| The second second | diote cause | D: | far (o). (b), ond (c).] | | | | | | I mm | RYAL BETWEEN IT AND DEATH | |
| 200. EXTERNAL CA PRIMARY 0 or CO CAUSE OF DEATH. | MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | b. DESCRIBI | E HOW INJURY OCCURRED Out board | X X/X D. (Enle | tor boat | SUNCE I l or Part I | xxxuxing of item 18.) while p | CX_ | | PERFORMED YES NO | D? |
| 20c. TIME OF INJU | 0/ | While | NOI while wrk at work W | factory, | street, office bldg., etc. |); | | | ounty) | | late) |
| 21. I certify topinion deoth ACTUAL SIGNATURE EXAMINER'S NAME (Type) | resulted fram: I | of the revaluation of the revalu | remains described of causes [], Accident Back [] | bave | , held an Autaps; , Suicide , h A.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL I | y [], I Hamicide KAMINER [AL EXAMIN EXAMINER- | nspection [7], c [7], Undete cr [8] | , Inquermined | manne | , and in | my |
| 220. BURIAL, CREMATIC REMOVAL (Specify | ON. 226. DATE THEREO | | 22c. NAME OF CEMETERY | | EMATORY | | ATION (City, town, | | | (State) | |

W. Ernest Jarvis -1432 U St. N.W. Wash. DCDATE SEP 16'60

Lincoln Memorial

246. REGISTRAR'S SIGNATURE

Cilver S. Kraus

Cem. Suitland.

TO DEPUTY M. ICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the liftics's, writing the word "pending" in pendi is from 18. Give Pages 1, 2, and 3 to the funct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be assed as a burial-trassit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

Burial 9/14/60

| | | A DOMENIA MAN | 2 CHARTAN | | |
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TO DEPUT IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any consisting please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form P.M.3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File agges 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10:596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10:578

| a. COUNTY | DEATH | | | CE (Whare daceasad livad, If i | | ce before admission) |
|------------------------|----------------------------------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------|--------------------|----------------------|
|) | St. Marys | MARYLAND | a. STATE Mary] | and b. coun | | e Geo. |
| | OWN (if outside corporata limits, AL and giva naarast town) | e. LENGTH OF STAY IN 16 | | f outsida corporata limits, writa | RURAL and give | nearest town) |
| | Lywood | The state of the state of | Clint | on | 16% | -7 |
| | HOSPITAL OR INSTITUTION (if not in | hospital, giva streat address) | d. STREET ADDRESS | 7011 | | . IS RESIDENCE |
| Patuxer | nt River, | | Rt. # 1, B | | | YES NO NO |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE Month | Day | Year |
| (Type or print) | ri.ea | Arnold | Mitchel | DEATH Septemb | per 28 | 19 60 |
| 5. SEX | 6. COLOR OR RACE 7. MAI | RRIED NEVER MARRIED B | . DATE OF BIRTH | 9. AGE (In years) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| male | white wido | WED DIVORCED | | 913 47 yrs. | Months Days | Hours Min. |
| | CUPATION (Giva kind of work 1Dt | . KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Stata | or foreign country) | 12. CITIZEN O | F WHAT COUNTRY? |
| Gas St | | Gas (Fuel) | Wiscor | | US | A |
| | Bertran Mitc | | Matie | Buck | | |
| | SED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. 1 | NFORMANT | Addrass | | |
| Yes | WW 2 57 | 8-05-2864 Mr | s.Jessie Ho | ftizer - Ho | hoowy [[| . Ma. |
| | OF DEATH [Enter only one cause p | par lina for (a), (b), and (c).] | O TO CODE THE | | LINT | ERVAL BETWEEN |
| PART I. | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Dro | wning | | ON | Immed. |
| 1 850 | DUE TO | 22.0 | W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | TIMITE CT . |
| Conditions, | if any, which (b) | | | | 0.00 | |
| | mmadiata causa DUE TO | | | | | |
| causa last. | tha undarlying (c) | | | | | |
| Z PART II. | OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | IAL DISEASE CONDITION GIVE | N IN PART 1(a) 1 | 9. WAS AUTOPSY |
| OF I | | | | | | PERFORMED? |
| 200 EXTERN | NAL CAUSE WAS 20b. DE | SCRIBE HOW INJURY OCCURED, (E | inter nature of injury in Pari | Lor Part II of itam 18. | | YES NO |
| | or CONTRIBUTING | CARL TO WILLOW OCCURED. (C | | To run in or name ip., | | |
| | Loss | balance, fell od. INJURY OCCURRED 200. PLA | from small | boat, unab | Le to si | wim: |
| 20c. TIME O | | /hila Not Whila fact | ory, streat, offica bldg., etc. | (City or fown) | (County) | (State) |
| 2 | | | exent River | Hollywood, | St. Mar | rys, Md. |
| 21. I certi | ify that I took charge of the | remains described above, he | ld an Autopsy | Inspection 7, Inquiry | x, and | in my opinion |
| death resu | Ited from: Natural causes | , Accident X, Suici | ide , Homicide | , Undetermined ma | anner 🗍 | |
| | 7 0 | n 7) | CHIEF MEDICAL E | EXAMINER | | |
| ACTUAL | - Elin | Bar | ASSISTANT MEDI | CAL EXAMINER | D | ATE SIGNED |
| SIGNATUR | | 1 | M.D. DEPUTY MEDICAL | EXAMINER | 0.100 | 2/00 |
| EXAMINEI NAME (Typ | | MD | | ity, town, or county) | 9/20 | 3/60 |
| 22a. BURIAL, CRE- | MATION, 226. DATE THEREOF | 22c. NAME OF CEMETERY OF | | 22d. LOCATION (City, town, | or country) | (Stata) |
| Bur | 1 2 0 100 100 | Arlington N | ational | Arlington, | Va. | |
| 23, UNERAL DI | RECTOR BLAS | ADDRESS | | D BY REGISTRAR 24b. REGI | STRAR'S SIGNATU | JRE |
| Simmons | s Bros. 1661- | - GoodHope Rd. | B.E. DATSEF | 30'60 an | hun S. Kraw | 4 |

on the sange of the lynn of the sange of the 8 (4 5 - 3 100 . Not 62 9 . St. Free , mail the cons Arended Systember of Colors Triber Coll (4 Circ etida ela a na coffet a Nout alternation for spin mediant William - tending - densities eigen and a set of the contract Torre pelant, test lieux nortaliet enaled and server of the contract of the server of the server, in and I washington larging the washington, in . The mons bross 12011- Hogginger, Mr. S. . Laser Street File

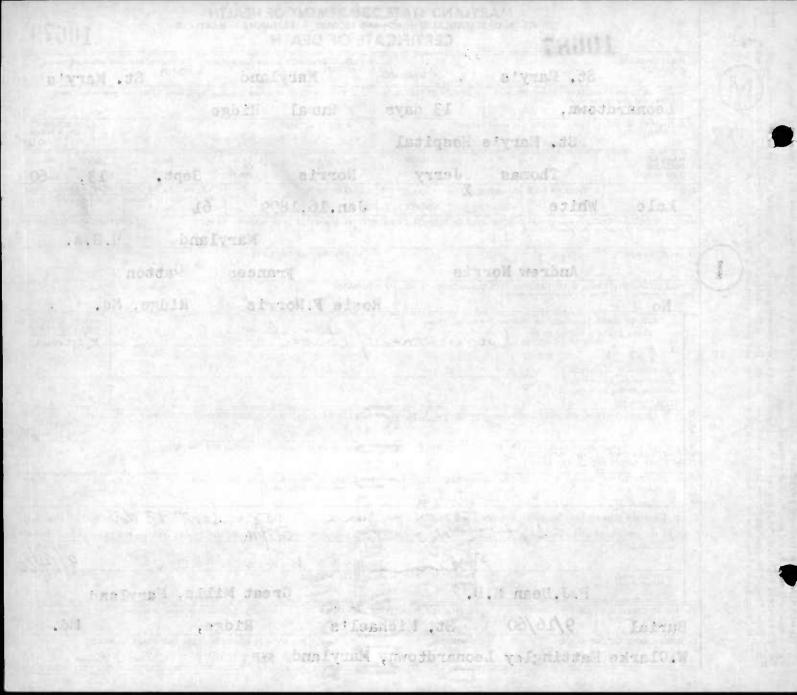
| 1. 1 | | A PARIS VILLE | | | | |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (| PLACE OF DEATH | St. Mary's | MARYLAND | 2. USUAL RESIDENCE (W a. STATE Mary) | here deceased lived. If institution b. COUNTY | St. Mary's |
| 1 | EURAL and give no Leonard | f autside carporate limits, writegrest tawn) COMN, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | autside carporate limits, write RU Ridge | RAL and give nearest tawn) |
| | OR INSTITUTION | AL (If not in hospital, give stre | et address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO [2] |
| - (| NAME OF DECEASED (Type or print) | First Thomas | Middle Jerry | Norris | 4. DATE Month OF DEATH Sept. | Day Year 13. 1960 |
| . 5 | SEX | | ARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | Male | White wind | WED DIVORCED | Jan.16,189 | 19 61 yrs. | Manths Days Haurs Min. |
| 0a | | ON (Give kind af wark dane 16 king life, even if retired) | 06. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State | or foreign country) Maryland | U.S.A. |
| 3. | FATHER'S NAME | 100000 | | 14. MOTHER'S MAIDEN | | |
| | | Andrew No | orris | Fre | ances Gat | ton |
| | | R IN U. S. ARMED FORCES? | | NFORMANT | Addre | |
| (Yes | No. or unknown) | If yes, give war or dates of service | F | Rosie F. Nor | ris Ridg | ge, Md. |
| | Canditians, if o gove rise ta i cause (a), stating lying couse last. | mmediate (| | / | | |
| CATION | |) (c) | IS CONTRIBUTING TO DEATH BUT | I NOT RELATED TO THE TERM | MINAL DISEASE CONDITION GIVE | EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| CERTIFICATION | PART II. OTH | (c) | IS <u>CONTRIBUTING TO DEATH</u> BUT | | | PERFORMED? |
| | PART II. OTH | AS UNDERLYING 20b. E | DESCRIBE HOW INJURY OCCURRED 1. INJURY OCCURRED 20e. P.L. | | Part I ar Part II of item 1B.) m, 20f. (City or tawn) | PERFORMED? YES NO |
| | PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m. p. m. 21. I certify the saw the decease | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) LY Month, Day, Year 20c Wh at 19 at 11 (1) (this haspital) atteriors. | DESCRIBE HOW INJURY OCCURRED J. INJURY OCCURRED John Mark of Work of | ACE OF INJURY (Home, forctory, street, office bldg., et | Part I ar Part II of item 18.) m. 20f. (City or tawn) | PERFORMED? YES NO |
| MEDICAL CERTIFICATION | PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m. p. m. 21. I certify the | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) LY Month, Day, Year 20c Wh at 19 at 11 (1) (this haspital) atteriors. | DESCRIBE HOW INJURY OCCURRED J. INJURY OCCURRED John Mark of Work of | ACE OF INJURY (Home, forctory, street, office bldg., et | Part I ar Part II of item 18.) m. 20f. (City or tawn) | (Caunty) (State |
| | PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m. p. m. 21. I certify the saw the decease | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) LY Month, Day, Year 20c Wh at 19 at 11 (1) (this haspital) atteriors. | DESCRIBE HOW INJURY OCCURRED J. INJURY OCCURR | ACE OF INJURY (Home, for ctory, street, office bldg., et death occurred at ATENDING PHYS. | Part I ar Part II of item 1B.) m. 20f. (City or tawn) c.) 1 ta 1 AFF STAFF. | (Caunty) (State (Caunty) (State 3, 1% 2, that (I) (we) lase d an the date stated abave 225 ATE (Signer of the state of |

TO HOSPITAL

MAY be refair, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director and campletely filled in by the funeral director and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the bird of the burial, ar remayal, and in any event, within 72 hours offer death. VR A1S (4) 1SM 9/59

Ster death. Page 4 ne funeral director,



10680

d. NAME OF HOSPITAL (If not in haspital, give street address)

6. COLOR OR RACE

White

e carporate limits, write

CERTIFICATE OF DEATH

| | | U |
|----|--------------------------------------------|------------------------|
| 3 | 1. PLACE OF DEATH a. COUNTY | |
| M) | St. | Mar |
| | b. CITY OR TOWN (If an RURAL and give near | utside ca est tawn) |

with director

filed

should

ond .=

> Pages death.

papers. cam

San

car physician C

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please any

attending

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à permit. remayal,

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burial-transit

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cremation.

physician.

attending

haspital

with

offer

funeral pe

filled

pletely

and

that the death certificate

death. Page

Leonardtown, Md

OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MARYLAND

c. LENGTH OF STAY IN 16 hours

Middle

Leonardtown, Maryland d. STREET ADDRESS

Last

Maryland

e. IS RESIDENCE ON A FARM? YES NO

Day

12. CITIZEN OF WHAT COUNTRY?

Year

19 60

St. Mary's Hospital NAME OF First DECEASED (Type ar print) Henry

Francis 7. MARRIED NEVER MARRIED WIDOWED | DIVORCED

B. DATE OF BIRTH April 18, 1893

2 27

Pilkerton DEATH

9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days 67 yrs.

Mary's

10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) during mast af warking life, even if retired) Janitor

Bank Maryland 14. MOTHER'S MAIDEN NAME U.S.A.

Address

Month

9

b. COUNTY

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)

13. FATHER'S NAME

no

S. SEX

Male

James Piklerton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

(b)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

17 INFORMANT Mrs. Luke

Goddard

Mary Elizabeth Abell

4. DATE

Drayden. Maryland

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 🔀

INTERVAL BETWEEN ONSET AND-DEATH

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth,

a. m

Year 20d. INJURY OCCURRED at wark at wark

Nat while

20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

(County)

(State)

1960 that (1) (we) last

21. I certify that (1) (this hospital) attended the deceased fram____ saw the deceased alive on 22a, SIGNATURE

MEDICAL

and that death accurred at R.F.M., from the causes and an the date stated above.

While

ATTENDING PHYS. M.D. 22d. ADDRESS

DIRECTOR -PHYS.

20f. (City or town)

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

Dr. Charles Greenwell M.D. BURIAL, CREMATION, 23b. DATE THEREOF

Clarke Mattingley

15/60

Day.

23c. NAME OF CEMETERY OR CREMATORY St. George's

23d. LOCATION (City, tawn, ar county) Valley Lee

Leonardtown, Maryland

(State) Md.

Buria! 24. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

ADDRESS

Leonardtown, Md

2Sa. REC'D BY REGISTRAR SEP 7 DATE

25b. REGISTRAR'S SIGNATURE

ATTENDING PHYSICIAN: The by the hounital or are in detoched DIRECTOR: pe 3 shauld may be retained by FUNERAL D page 3 sh the State 0 VR A1S (4) 1SM 9/59

Charles 18 1 montes at 1900 man and health at real All and the same of th trailes, top and prashed for less than And the control of th

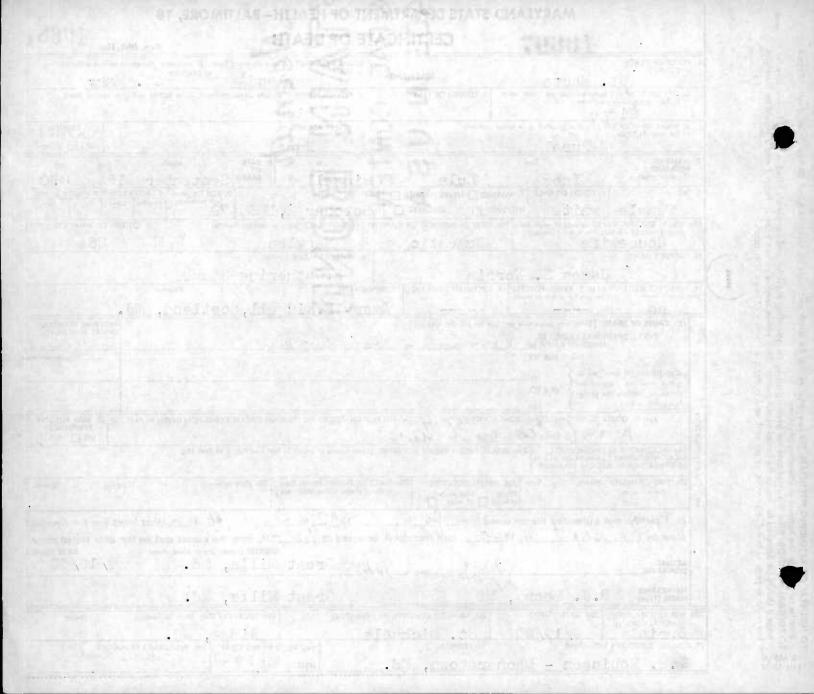
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 0697 | CERTIFICATE | OF | DEATH |
|---------|-------------|----|-------|
| 4717274 | | | |

10681

| | | | | | | | Reg. Dist. | . No. | |
|------------------------------------|-----------------------------------------------------------|----------------------------------|------------------------|--------------|----------------------|-------------------------|--------------|--------------------|----------------------|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESI | DENCE (WI | here decease | d lived. If institution | n: Residence | befare adn | nissian) |
| | t. Marys | MARYLAND | 9 | laryl | land | b. COUNTY | St. A | Marys | |
| b. CITY OR TOWN (RURAL and give n | If autside carporate limits, w | vitle c. LENGTH OF STAY IN 16 | c. CITY OR | OWN (If | autside corpo | orate limits, write RU | RAL and gir | ve nearest to | own) |
| 77. 4 | dge | | X | Ridg | re | | | | |
| d. NAME OF HOSPI | TAL (If not in hospital, give | street address) | d. STREET A | | | | | e. IS f | RESIDENCE |
| Rural | | | | Rure | 1 | | | | A FARM? |
| 3. NAME OF DECEASED | First | Middle | Los | | 4. DATE | Month | 1 | Day | Year |
| (Type or print) | Inez | Lula | Ridge | 1 | OF DEATH | Septemb | er T | 15 | 1960 |
| S. SEX | | MARRIED NEVER MARRIED | 8. DATE OF BIRT | | | 9. AGE (In years | F UNDER 1 | YEAR IF UN | |
| female | white w | DIVORCED [| Octobe | er 2. | 1880 | 79 yrs. | Manths D | Days Hour | rs Min. |
| 10a. USUAL OCCUPATIO | ON (Give kind of work dane king life, even if retired) | 106. KIND OF BUSINESS OR INDI | USTRY 11. BIRTHPL | ACE (State | ar fareign c | ountry) | 12. CITIZ | EN OF WH | AT COUNTRY |
| House | | Domestic | Me | ryle | nd | | | USA | |
| 13. FATHER'S NAME | | | 14. MOTHER'S | | | | - | | |
| | James S. N | orris | F.C | athe | erine | Stone | | | |
| 15. WAS DECEASED EVE | R IN U. S. ARMED FORCES | ? 16. SOCIAL SECURITY NO. 17. | INFORMANT | | | Addre | 55 | | |
| no | (If yes, give war or dates of service | | mory P | Rida | re11 9 | Scotland | . Md. | | |
| | ATH [Enter anly ane couse | per line for (a), (b), and (c).] | | A Sale Sales | No other aller & No. | 300040110 | 1120 | INTERVAL | RETWEEN |
| | TH WAS CAUSED BY: | Comme | - | | (| | | ONSET AN | |
| 450 | IMMEDIATE CAUSE (a) DUE TO | aroning | DECK | two | ~~ | | | -51 | tous |
| Canditions, if a | | | | 15 | | | | | |
| gave rise to i | | | | | | | | | |
| lying cause last. | (c) | | | | 3.00 | | | | |
| PART II. OT | HER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH BU | T NOT RELATED TO | THE TERM | INAL DISEAS | E CONDITION GIVE | N IN PART 1 | 1(a) 19. WA PER | S AUTOPSY FORMED? |
| 3 | recio | mocraci | | | | | | YES [| NO |
| O THE BITHER, NOTIFY | AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURRI | ED. (Enter nature a | injury in I | Part I ar Par | t 11 of item 1B.) | | | |
| | | | LACE OF INJURY | lome, form | n, 20f. (City | or town) | (Co | unty) | (State) |
| Haur e.m. | | While Not while | octory, street, affice | bidg., etc. | -) | | | | |
| | nat Vattended the de | | 1000 | 1 | 115 | 10-10/0 | | | |
| alive on | all differences the de | | | 730 | ATA | | | | e deceased |
| dilve on | 24-17 | 1916-12 , and that death | n accurred at | | | n the causes an | | | |
| ACTUAL | | AD A | hope Gr | est. | Mills | s. Md. | orej | 9/15 | ATE SIGNE |
| SIGNATURE | | () Laure | W. D.K.V | | | , | | 0/ 10 | |
| PHYSICIAN'S NAME (Type) | P.J. Bean | MD | Gr | eat | Mills | s, Md. | | | |
| | N, 22b. DATE THEREOF | 22c. NAME OF CEMETERY C | OR CREMATORY | | 22d. LOCAT | TION (City, tawn, ar | county) | (S1 | late) |
| REMOVAL (Specify) Burial | 9/19/60 | St. Michae | e le | | | ige Md. | ,, | (0. | |
| 23. FUNERAL DIRECTOR | | ADDRESS | | 24a. REC' | D BY REGIST | RAR 246. REGIST | RAR'S SIGN | ATURE | |
| P.B. Rot | ninson - Le | onardtown Ma | MONTH OF THE | | SEP 2 0 | | bellun & | . Thousa | |
| | | anardtown. Md. | | | | | RAR'S SIGN | ATURE . Thousa | |



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) is necessary, director, Page or your files. e. COUNTY b. COUNTY Maryland St. Mary St. Mary s
b. CITY OR TOWN (if outside corporete limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Rural Hurry Leonardtown D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained the State B YES NO St. Mary's Hospital NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) WITITIAM JOSEPH SOMERVILLE 1960 DEATH September "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to 11 xaminer's Office along with form PM3. Page 5 may be rused as a buriel-transit permit. File pages 1 and 2 with the ion, or removal, and in any event within, 72 hours after July 16,1932 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Colored WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Dry Cleaning Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary A. James Somerville 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror detes of service) James C. Somerville Leonartown, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot wound of chest, with massive internal IMMEDIATE CAUSE (e) hemorrhage DUE TO Conditions, if eny, which (b) geve rise to immediate cause lease execute the certificate, writing the word "pending' should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a rist designated agent, prior to burial, cremation, or ren DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? X NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot by friend 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dey, Yeer (County) (Stete) fectory, street, office bldg., etc.) While Not While et work Street Leonardtown Md. et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection | | Inquiry and in my opinion Homicide X death resulted from: Natural/ causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 9/16/60 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT W. Bradley King, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Bushwood. Sacted Heart 0 940 Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE SEP 1 9 '60 arilan S. Kraus VS. A15ME W. Clarke Mattingley Leonardtown, Md. SM 7/59

RYLAND STATE DEPARTMENT OF HEALTH

July 16,1932 28 100 and the said Jeres C. Some ville ora tout, id. The state of the s Durial 9/19/60 | Sacrod Heart Euchwood, saviand . Of the manufacture of the state of the Sta

FOR STATE HEALTH DEPT.

rector, Please rector, Page r your files. of Health.

TO DEPUTY WANCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the Historie, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fune free 4 should be rarworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to YO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any prent within 72 hours ofter death.

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

10000

| | 0698 TE | em 9 FilmG273 | 10-19-60 et | DEATH | Reg. Dist. No. 11000 | | |
|------------------------------------------------------------------|----------------------------------------|-----------------------------------------|------------------------------------------------|---------------------------------------------------------|----------------------------------|--|--|
| PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deced | sed lived. If Institution | n: Residence before admission) | | |
| | St. Marys | MARYLAND | o STATE District of Columbia | | | | |
| b. CITY OR TOWN (If and give negrest fown) | outside corporate fimits, write RURAL | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside con | porote limits, write RUI | RAL and give nearest town) | | |
| Mado | | | Washington | n — | 7 X -3 | | |
| d. NAME OF HOSPITA | L OR INSTITUTION (If not in hos | pital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | |
| Wico | omico River | | 90 Que St.S.W | • | YES NO | | |
| 3. NAME OF DECEASED | First | Middle | Lost 4. DATE | Month | Day Year | | |
| (Type Barbar | Regina | | Swann DEATH | Septemb | er 11 19 60 | | |
| 5. SEX | 6. COLOR OR RACE 7. MARRIE | ED NEVER MARRIED 18. | DATE OF BIRTH | A 4 5 1 4 5 5 | UNDER TYEAR IF UNDER 24 HRS. | | |
| female | colored WIDOWE | D DIVORCED J | une 21,1926 | 33 34yrs. M | onths Days Hours Min. | | |
| 100. USUAL OCCUPATIO | N (Give kind of work done 10b. I | CIND OF BUSINESS OR INDUSTI | RY 11. BIRTHPLACE (Stote or foreign | country) | 12. CITIZEN OF WHAT COUNTRY? | | |
| Clerk | | y cleaning | Washington, | D.C. | USA | | |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | | | | |
| | Robert Swann, | Sr. | Carrie Tink | er | | | |
| 15. WAS DECEASED EVE | R IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. IN | FORMANT | Address | | | |
| no | (If yes, give war or dates of service) | 577-34-3101 R | obert Swann, Jr | . 67 Que | St.S.W. Wash. D | | |
| | H [Enter only one couse per line | for (o), (b), ond (c). } | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | H WAS CAUSED BY: IMMEDIATE CAUSE (0) | Drownin | g | | Immed. | | |
| 850 | DUE TO | | | | | | |
| Conditions, if on | y, which) (b) | | | | | | |
| gave rise to immed (a), slating the u | | | | | | | |
| cause lost. | (c) | | | | | | |
| Z PART II. OTH | ER SIGNIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEAS | SE CONDITION GIVEN | IN PART 1(0) 19. WAS AUTOPSY | | |
| Š | | | | | PERFORMED? | | |
| PART II. OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH. | SE WAS 20b. DESCRIB | E HOW INJURY OCCURRED. (E | nter nature of injury in Part 1 or Part 1 | l of item 1B.) | 3. | | |
| PRIMARY OF CON CAUSE OF DEATH. | small | out board bo | at sunk while | nleasure | cruising | | |
| 3 20c. TIME OF INJUR | | NJURY OCCURRED 20e. PLAC | E OF INJURY (Home, form, 120f. (Cit | | (County) (Stole) | | |
| 20c. TIME OF INJUR | 9/17 1960 While | | ry, street, office bldg., etc.) Ombco river M. | to volte | | | |
| | | | ve, held an Autopsy , I | | | | |
| | | | Suicide , Homicide | | T bestell | | |
| opinian death i | resulted from: Natural of | duses [], Accident [| A Suicide [], Homicide | Undererm | ined manner | | |
| ACTUAL | 11/1 | 72 () | CHIEF MEDICAL EXAMINER | | DATE SIGNED | | |
| SIGNATURE | Duan, | 1 you | _M.D. | | 0/19/60 | | |
| EXAMINER'S | | 5TD | ASSISTANT MEDICAL EXAMIN | _ | 9/12/60 | | |
| | | AD . | DEPUTY MEDICAL EXAMINER | | | | |
| 220. BURIAL, CREMATION REMOVAL (Specify) | | 22c. NAME OF CEMETERY OR | morial Cem Sui | TION (City, town, or cont. 1 and M. | ounty) (Stote) | | |
| Burial | 9/15/60 | N M M M M M M M M M M M M M M M M M M M | | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1 | | | |
| 23. FUNERAL DIRECTOR'S | | 3015 -12th S | t. N. E 240. REC'D BY REGIS | TRAR 246. REGISTRA | AR'S SIGNATURE | | |
| John T. | Rhines, Co. | Washington, | 0.170 | | 04 | | |
| | | 0 | 261 10 | TXUW. | 7 L. House | | |

OF SECURITY AS A STATE OF STATE OF A STATE O HIARD TO STADISTIFF DERVISOR OF CHARLE . . . ministran name well alime who stand Je of the Fleral Charmon and review of the state

| | | | | 1 |
|----|--------------------|--------------|----------|--------|
| | COUNTY | | St. | |
| R. | CITY OR RURAL Q | TOV nd gi | VN (If o | est to |

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attending please any

haspital ar attending physician. After this certificate has been si

papers.

carl physician

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Then by

as the burial-transit

use

detached far

3 shauld

D

Board of be

event

remayal, permit. signed l

OF

crematian,

death.

ofter

haurs

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

funeral director

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

St.

e corporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Mechanicsville

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?

NAME OF First Middle 4. DATE Month Yeor Day OF DEATH Cecilia Loretta Wathen September (Type or print) 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 32 yrs Months Dovs Female DIVORCED [WIDOWED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?

during most of working life, even if retired)
House wife

No. or

Home

Baltimore, Maryland

U.S.A.

13 FATHER'S NAME

William Douglas Morgan

WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO

Cora Elizabeth Tippett

17. INFORMANT W Douglas Wathen Machanicarilla Md

| 210 | | 22000 | 11.120000000000 | 110.011011 | 11001101111001 | |
|-----------------------------------------------------------|--------------------|-------------------|----------------------------|------------------|------------------------|------------------------------------------|
| 18. CAUSE OF DEATH [Enter | | | Jon cell | 1/52vc | one | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gove rise to immediate | | | | | | |
| cause (o), stoting the <u>under-</u> lying cause lost. | | | | | | |
| PART II. OTHER SIGNIF | ICANT CONDITIONS C | ONTRIBUTING TO DE | ATH BUT NOT RELATED TO THE | TERMINAL DISEASE | CONDITION GIVEN IN PAR | T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

20c. TIME OF INJURY Year 20d INJURY OCCURRED o. m. Not while at work at work

foctory, street, office bldg., etc.

(Stote) (County)

SIGNED

21. I certify that (1) (this haspital) attended the deceased fram. saw the decrased alive an

and that death accurred at

1960 that (1) (we) last M, fram the causes and an the date stated above.

22a. SIGNATURE 22c. PHYSICIAN'S

NAME (Type)

MEDICAL

Leon W. Berube

ATTENDING PHYS. M.D. 22d, ADDRESS

Mechanicsville, Maryland

23b DATE THEREOF 23a. BURIAL, CREMATION. REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY St. Joseph's

23d. LOCATION (City, town, or county) Morganza,

STAFF PHYS.

(State) Md.

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE aring & Kround

TO FUNERAL DIRECTOR: page 3 sho 15M 9/59

W. Clarke Mattingley Leonardtown, Md.

SEP 1 3 '60

DIRECTOR [

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